



Republic of the Philippines  
 Department of Agriculture  
**NATIONAL DAIRY AUTHORITY**  
**Southern Luzon Department**  
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| Traceability Code         |   |                   |

RFQ21-003

## REQUEST FOR QUOTATION

PLEASE QUOTE YOUR GOVERNMENT PRICE FOR THE ARTICLES LISTED HEREUNDER

| QTY | UNIT | PARTICULARS                                       | UNIT PRICE | TOTAL |
|-----|------|---|------------|-------|
| 4   | Unit | <b>Motorcycle</b>                                 |            |       |
|     |      | Specifications:                                   |            |       |
|     |      | *Engine Size Displacement (cc) -114cc             |            |       |
|     |      | *Front Brakes- Single Disk                        |            |       |
|     |      | *Rear Brakes- Drum Brakes                         |            |       |
|     |      | *Suspension Front- Telescopic                     |            |       |
|     |      | *Fuel Tank Capacity- 4.1L                         |            |       |
|     |      | *Frame Type- Underbone                            |            |       |
|     |      | *Starting System- Electric Starter & Kick Starter |            |       |
|     |      | *Engine Type- Air cooled, 4 stroke, SOHC, 2-Valve |            |       |
|     |      | *Fuel Supply System- Fuel Injection               |            |       |
|     |      |   |            |       |
|     |      | Contact Person:                                   |            |       |
|     |      | Ramiel L. Valdoria                                |            |       |
|     |      | Dairy Goat Farming Project                        |            |       |
|     |      | 0995-9106306                                      |            |       |
|     |      |   |            |       |

Authorized Canvasser:

\_\_\_\_\_  
*(Signature over printed name)*

SIR :

In connection with the above request, I/we submit our price quotation indicated above.

\_\_\_\_\_  
 Name of Firm/Dealer

\_\_\_\_\_  
 Signature over Printed Name

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Address